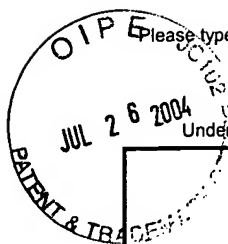


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PTO/SB/21 (05-03)

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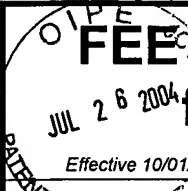
<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/712,680
		Filing Date	November 12, 2003
		First Named Inventor	PATEL, HARSHAD
		Group Art Unit	1743
		Examiner Name	WALLENHORST, MAUREEN
Total Number of Pages in This Submission		Attorney Docket Number	LIFE-044CON
<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	
		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): postcard	
		Remarks	
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Signing Attorney/Agent (Reg. No.)	CAROL M. LASALLE, 39.740 BOZICEVIC, FIELD & FRANCIS LLP		
Signature			
Date	July 26, 2004		


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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: <div style="border: 1px solid black; padding: 2px; margin: 2px;">                     Deposit Account Number: 50-0815                      Deposit Account Name: Bozicevic, Field &amp; Francis LLP                 </div> <p>The Director is authorized to: (check all that apply)  <input checked="" type="checkbox"/> Charge fee(s) indicated below    <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge Any Additional Fee(s) Required under 37 C.F.R. 1.17.  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>				<b>3. 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SUBMITTED BY				Complete (if applicable)			
Name (Print/Type)		Carol M. LaSalle		Registration No. (Attorney/Agent)		39,740	
Signature				Telephone		(650) 833-7774	
				Date		07/26/2004	

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**EXPRESS MAIL NO. EV 462 737 264 US**

<b>AMENDMENT UNDER 37 C.F.R. §1.1111</b>  Address to: Mail Stop Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	LIFE-044CON
	Confirmation No.	9066
	First Named Inventor	PATEL, Harshad
	Application Number	10/712,680
	Filing Date	November 12, 2003
	Group Art Unit	1743
	Examiner Name	WALLENHORST. Maureen
	Title:	"TEST STRIP QUALIFICATION SYSTEM"

Sir:

This amendment is responsive to the Office Action dated April 29, 2004 for which a three-month period for response was given making this response due on or before July 29, 2004. In view of the amendments to the claims and the remarks put forth below, reconsideration and allowance are respectfully requested.

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.